

Delaware Health and Social Services
Medical Care Advisory Committee (MCAC)
December 12, 2012 Meeting Minutes

Date: December 12, 2012 Place: Easter Seals Kearns Center 61 Corporate Circle New Castle, DE 19720 Time: 9:00 a.m. – 11:00 a.m. Presiding: Chairman Richard Cherrin		Members Present: Kris Bennett, Penny Chelucci, Richard Cherrin, Dr. Glen Goleburn, DMD, Jim Lafferty, Dr. Leonard Nitowski, M.D., Ann Phillips, Dr. Julia Pillsbury, D.O., Lori Ann Rhoads (via phone), Lisa Schieffert Members Absent: William Adami, Donna Barton, Judy Chaconas, Calvin Freedman, Wendy Gainor, Brandi Niezgoda, Olga Ramirez, Jill Rogers, Yrene Waldron Staff Present: Dr. Anthony Brazen, D.O., Cindy Denemark, Becki Gallagher, Steve Groff, Dave Michalik, Greg Roane, Jose Tieso, Glyne Williams, Lisa Zimmerman Staff Excused: Fury Fecundo, Rosanne Mahaney, Sheila Nutter, Kay Wasno Guests: Janet Bailey, Gwen Cleary, Brian McAllister, Betsy Wheeler, Gabrielle Hilliard, Jeanne Chiqueine, Bhavana Viswanathan, Cheryl Haiks	
TOPIC FOR DISCUSSION	DISCUSSION / ISSUE	ACTIONS	FOLLOW UP RESPONSIBILITY
Call to Order: <i>Chairman Richard Cherrin</i>	Chairman Cherrin called the meeting to order at 9:05 a.m. Roll call and introductions took place.		
Approval of Minutes: <i>Chairman Richard Cherrin</i>	Chairman Cherrin called for any additions, alterations or corrections to the September 12, 2012 minutes. Being none, Chairman Cherrin called for a motion to approve the minutes. Mr. Lafferty motioned to accept the minutes as recorded. Dr. Glen Goleburn seconded the motion. Motion carried.		
DMMA Update <i>Deputy Director Steve Groff</i>	<ul style="list-style-type: none"> DMMA is in transition; as you all know, Rosanne is retiring from DMMA effective January 13, 2013 and will be taking a position with a consulting firm, which is very exciting for her; at that time, it is anticipated I will become Acting Director. As such, my goal is to try to move forward with the accomplishments of the division under Rosanne's leadership. I think we were very fortunate to have her here; she made it look deceptively easy. Marie Nonnenmacher, who was the Chief of the Financial Unit, has moved on to accept the position of Deputy Director at Division of Developmental Disability Services. She will still be helping us because we work quite closely with that division. 	The Committee pledged their support to Steve in his new role as Acting Director	

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<p>Old Business DSHP Update <i>Glyne Williams</i></p>	<ul style="list-style-type: none">• Long Term Care (LTC) / Managed Care Organizations (MCO's)– Total population is just under 184,000 in Managed Care; 10,600 in the Plus Program. The majority of the action is around Plus program; the new population. We are not hearing the groundswell of anger and pain that we had anticipated that would occur with these changes. Medicaid recipients are receiving the medical care in any event that would be most appropriate for anyone who is in need. The MCO's and division are meeting any challenges head on. Mr. Williams mentioned that the MCO's were operating outside the norm and gave an example of what occurred during Hurricane Sandy. A brief description was given regarding occurrences related to Hurricane Sandy and the needs of clients during that storm.• We continue our regular work; our nurses from the division continue to go out with the MCO's evaluating patients. The MCO's continue to visit every 90 days and we continue to add to that by visiting a certain percentage of the time.• Critical incidences remain at a normal level, however, we continue to learn new things about critical incidences; what do you report and to whom? That is being addressed as we move forward with the program. We are headed in the right direction at this point.• Some discussion evolved regarding the move of these programs from Division of Services for Aging and & Adults with Physical Disabilities (DSAAPD) to DMMA and the need for more meetings to communicate information to the members and their families concerning the program.• Further discussion concerning moving clients into the Plus program continued. The goal of the program is to allow people to remain in their homes longer thus delaying entrance into nursing homes. That is where the MFP (Money Follows the Person) program which is targeted at moving people out of facility based care into the community comes into play. It got off to a bit of a slow start but has recently picked up speed; they recently celebrated their 100th transition. The goal of the Plus program is aimed at diversion, allowing people to remain in their homes for a longer period of time		
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DSHP Update Cont'd <i>Glyne Williams</i>	<p>with the necessary support so they don't have to move into a facility prematurely.</p> <ul style="list-style-type: none">• At the last meeting, a Quality Measure Grant that we had applied for was mentioned. We had anticipated receiving news at the end of October, however, there have been some delays from the federal government and to date, and there is no news to report.• We are planning to renew the 1115 Waiver Demonstration. Early next year, you will receive public notices regarding that.		
Pharmacy Update <i>Cindy Denemark</i>	<ul style="list-style-type: none">• Ms. Denemark kept the focus on controlled substance, specifically Opioids (Oxycontin, Percocet, Idian, Morphine, etc.) and things are really coming together. The Attorney General's Office (AIG) held a summit on Opioid use last month. The summit brought people up to date with where we are with the drug epidemic in the country and more specifically, Delaware, which was #2; a place we don't want to be.• Dr. Brazen is on the Prescription Drug Action Committee (PDAC); that report should be forthcoming.• We've also started working more with the Division of Substance Abuse and Mental Health (DSAMH) because we know we hold the options for people who recognize their dependence for opioids. As previously reported, DMMA is adjusting policy to make sure that chronic pain management is well managed. Currently, our estimate is that over 2000 clients have not had their pain regiment correctly adjusted, modified or documented.• We have sent letters and flyers to clients, emergency rooms, pharmacies, etc. to communicate that those who suffer dependence issues can reach out for help.• A lengthy discussion ensued regarding the abuse of pain medication, amphetamines, etc. and possible consequences of not implementing more effective medical management of these substances.		

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Federal Update <i>Deputy Director</i> <i>Steve Groff</i>	<ul style="list-style-type: none">• Now that the elections are over, it looks like we will be moving forward with the Affordable Care Act (ACA). We are starting to see an outpouring of federal guidance that may have gotten backed up during that period.• October of 2013, states have to be prepared to enroll people in the exchanges and be ready to start applying the new eligibility methodology's even though our expansion for the Medicaid population doesn't technically occur until January 2014.• At the end of November, Delaware submitted its declaration and blueprint to become a state partnership state; Delaware will be using the federally facilitated exchange but retaining the planned management and consumer outreach functions; which are becoming better defined. Once we get the final federal guidance; enough information so the insurers who want to participate in the exchange, can submit their benefit plans to the DOI for review, as those plans have to be qualified before they can be offered on the exchange.• Beginning in the spring, you will see the consumer outreach efforts getting kicked off at a high level. We will have navigator programs and marketplace assisters who will help people through the mechanics of enrolling in a plan and the decision making needed to evaluate plans with a targeted outreach towards communities where people may need specific education or assistance.• There are a lot of technical issues DMMA has related to modernizing our eligibility systems. We need to have the ability to integrate with the federally facilitated exchange so we can pass records back and forth as there will be very complicated eligibility issues within family groupings or households, such as adults who are purchasing off the exchange, or a child or pregnant mom who is eligible for Medicaid or a child who is eligible for CHIP. We will have responsibility for planned management at our level.• The fiscal cliff is weighing heavily on us; larger deficit reduction discussions are imminent. A statement in a letter to the Governor from Secretary Sebelius said the administration will no longer be supporting a blended FMAP rate, which has us concerned because		
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Federal Update Cont'd <i>Deputy Director Steve Groff</i>	<p>the assumption was the only way to achieve federal savings through a blended federal matching rate would be in calculating that rate such that it would be lower than it would have been otherwise, which would have been a shifting of the cost to the states. That appears to be off the table now.</p> <ul style="list-style-type: none">• We haven't heard a lot of traction about block grants, which had us concerned because our past experience with them is that the funding over time does not keep up with inflation and therefore tends to be a longer range cost to the states. What seems to be a little more popular now is a per capita cap so that you would look at what your costs are per individual in the program and the federal government would commit to that level of funding per enrollee with some inflation built in. Unlike a block grant, there is a little more protection to the states against volume increases; we would naturally increase our funding with additional enrollment. They tend not to be as reactive during a financial downturn where the needs might become different than what would normally occur under inflation. This is probably the less risky proposition for the states.• A lengthy question and answer period ensued regarding costs of this expansion.		
Policy Update <i>Dave Michalik</i>	<ul style="list-style-type: none">• Payment rates to primary care physicians (PCP's) are to increase starting next year 2013 – 2014. There will be new populations to both Medicaid and outside Medicaid to the Health Insurance Exchanges; that will require a higher demand for PCP's and there may not be enough PCP's to go around. That was handled by incentives to encourage participation by physicians to take care of all these new populations. From the Medicaid side, that requires paying PCP's increased rates; the Medicare Part B rates that will be in effect. We will target certain physicians who specialize in family medicine, general internal medicine, and pediatric medicine or sub specialties of those designations. They will have to be Board Certified or they have to meet certain qualifications set forth by Medicaid to qualify.		

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Policy Update Cont'd <i>Dave Michalik</i>	<ul style="list-style-type: none"> • There is also a change to vaccine for children's programs administration fee which requires states to pay the lesser of the new vaccine controlled administration rate, which is \$22.07 or the lesser of the Medicare Part B vaccination which isn't published at this time. This will require a change in billing practice. This applies to Fee for Service as well as Managed Care Rates. There are also system changes that must be made both by DMMA and the MCO's. • We are working on a State Plan Amendment which is due by March 31st of next year. • There is a twist to all this; to anyone who is tracking Medicare doc fix or the non-fix that hasn't happened all those years, the new Medicare rates being proposed for 2013 actually factor in the reduction of 26.5% of Medicare rates so unless these fiscal cliff talks fix that, there is going to be a drastic drop in Medicare rates. 		
New Business Review of MCAC By-laws <i>Chairman Richard Cherrin</i>	<ul style="list-style-type: none"> • Chairman Cherrin called for volunteers to work on a sub-committee to review the by-laws. Dr. Julia Pillsbury, Ms. Sheiffert and Ms. Bennett volunteered to serve on the sub-committee and will report back to the Commission at the next meeting with their recommendations. 	Report at March 2013 Meeting	Dr. Julia Pillsbury, D.O., Ms. Lisa Sheiffert, Ms. Kris Bennett
Dental Issues <i>Dr. Glen Goleburn</i>	<ul style="list-style-type: none"> • Cost containment and quality of care are the issues this commission is concerned with. My practice has been very involved with Medicaid for several years. We have a focus on children and special needs patients. • Based on discussion and survey, Medicaid programs started out very appealing. The appeal was it paid 85% of the usual fees charged by dentists. There were no pre-authorizations, a very easy claim form to send, etc. Medicaid participation by dentists is actually quite high. Several dentists in Sussex County are looking for Medicaid patients. • The ability to send out printed flyers has been curtailed, although dentists felt that was a great way to spread the word about dental care. It was brought up that HP made a corporate decision and had discontinued this service as a few dentists did not pay their invoices. 		

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<p>Dental Issues Cont'd <i>Dr. Glen Goleburn</i></p>	<ul style="list-style-type: none"> • It was suggested that the Dental Society should reach out to the Medicaid community and provide additional information to increase access to dental services. • Dr. Goleburn introduced Brian McAllister, past president of the Delaware State Dental Society and currently Legislative Chair for Delaware State Dental Society and past board member of Delaware Oral health Commission to speak to the Committee. Mr. McAllister stated that the issues he saw discussed a year ago needs to be discussed further and the Dental Society would like to have more involvement in those discussions. Overall concept of access revolves around multiple things; utilization, capacity and number of doctors. If you look at utilization and issues that affect utilization, you look at transportation, education, fear and money. These topics were not touched on in last year's discussion and to have an impact, we need to touch on those aspects. If you can get a handle on improving utilization, then you can get a true handle on what capacity is out there. A capacity is more than just the number of dentists you see. Overall, the dentists in the Medicaid community and state have done a fabulous job with the children. The reality is there isn't a single dollar allotted for the adult population. You could change the number of dentists in Sussex County but would have no change at all in utilization. It's a much deeper problem than just the numbers of dentists. When we look at the number of dentists, there is an upward trajectory of dentists since the early 90's. If you go back and look at surveys, we had a ratio close to 6000 to 1 people to dentists in Sussex County. If you look at the 2008 survey, you will see 4200 for 1 in Sussex County, 3700 for 1 in Kent County, and New Castle County there are 1800 for every 1 dentist. If you look at the Federal Guidelines as to what is considered a shortage, the ratio is 5000 to 1. We are under that threshold in every county. • Mr. McAllister went on to state that a program has secured spots for Delaware residents at the Temple University School of Dentistry in a program that recruits at surrounding dental schools to talk about the benefits of practicing in Delaware. • 24 other states have a dental ratio worse than Delaware does; taking a composite it's 2300 to 1. 	<p>Deputy Director Groff suggested setting up a meeting to discuss these concerns.</p>	
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<p>Medical Homes for CSHCN <i>Dr. Julia Pillsbury, D.O.</i></p>	<ul style="list-style-type: none"> • Many of you have heard me talk about Children with Special Health Care Needs in our Medical Home Project in the past and today I am turning this over to Betsy Wheeler and Dr. Viswanathan from Public Health because they've applied for a federal grant to do a project for children with special health care needs. • Ms. Wheeler stated that they are working on implementing a medical home pilot packet for these children with special health care needs. We are in the planning process right now; we have established a steering committee and Dr. Pillsbury is a member of that committee. We would like to move this project statewide but funding is limited. We will start small and expand as we move forward. We are targeting 3-6 geographically balanced practices. Our hope is to have at least one practice in each county. • Incentives have come up in the steering committee meeting; we're hoping Medicaid will provide some reimbursement to providers for care coordination. • A brief discussion ensued regarding the possibility of Medicaid providing reimbursement for this program as well as the problems, burden of cost, etc. • Further discussion on the topic will continue at the March meeting. 		
<p>Public Comments</p>	<ul style="list-style-type: none"> • A public forum on all payors claim data base at 7:00 p.m. tonight at Del Tech in Dover. 		
<p>Adjournment <i>Chairman Richard Cherrin</i></p>	<ul style="list-style-type: none"> • Being no further business, Chairman Cherrin adjourned the meeting at 11:05 a.m. 		

Respectfully submitted,

Rebecca Gallagher
Rebecca Gallagher
Recorder

Date Approved

Richard Cherrin, Chairman